

Name in Full

Certificate of Death

William M Biggen

Town

County

Worcester

MARYLAND

Died at Ocean City

Date 1902	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	May	3	63				Ocean City	Merchant
Male	White	Married					Widow	Divorced
Female	Colored	Single					Widower	Number of children living

Husband of No wife

Father's Name Biggen

Mother's

Maiden Name

unknown

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Heart Trouble	immediate	12 hours	

Reported by Dr Wm. J. Hearne

Address Ocean City Worcester Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Meranda Boston

Died *near Pocomoke City* Town *Worcester* County *MARYLAND*

Date *1902* Month *May* Day *6* Y. *32* M. D. Native of *Maryland* Occupation *Housewife*

~~Male~~ ☒ White ☐ Married ☐ Widowed ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *23*

Husband of *William Boston*

Wife *William Boston*

Father's Name *Stephen A Redden* Mother's Name *Sallie Ling*

Cause of Death { Primary *Consumption* 27 How long sick *15 months*

Death { Immediate *Exhaustion of vital forces* Accident, Suicide, Homicide ☐

Reported by *Isaac T Boston*Address *Pocomoke City Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Alfred Collins*
 Town *Bishopville* County *Worcester* MARYLAND
 Died at *Bishopville*
 Date 19 *02* *May* *1st* Y. *10* M. *9* D. *26* Native of *Mo. d.* Occupation *None*
 Male *White* Married *Widow* ~~Divorced~~
~~Female~~ *Colored* Single *Widower* Number of children living *7*
~~Husband~~ of *69.*
~~Wife~~
 Father's Name *Levin D Collins* Mother's Maiden Name *Mary Shippen*
 Cause of Death { Primary *Epileptic Convulsions* How long sick
 Immediate *yes* Accident, Suicide, Homicide
 Reported by *Levin D Collins* *Gracethy Beyne*
 Address *Bishopville Md* *Bishopville Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mitchel Coston

Town

County

Died at

Near Bowtie Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

May 14

Age

72

Worcester

Farmer.

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

7

Husband

of

Charlotte Coston

Wife

Father's

Mother's

Name

Sam Coston

Maiden Name

Betty Coston

Cause of

Primary

Heart-trouble

How long sick

2 weeks

Death

Immediate

Gone

Accident, Suicide, Homicide

Reported by

William S. Williams

Address

Newville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ruben A. J. Dennis
 Town

County

Worcester

MARYLAND

Died at

Date 1902
 189
 Month 5 Day 12
 Y. M. D. Age 9
 Native of md
 Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

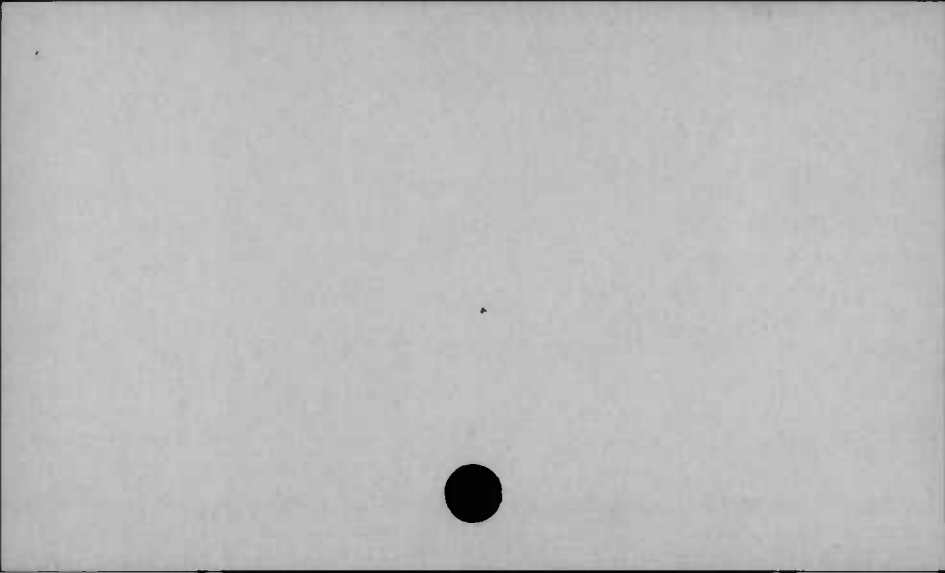
Father's Name William Dennis
 Mother's Name Kate Dennis

Cause of Death
 Primary Bronchitis 90
 Immediate General vital exhaustion
 How long sick 2 months
 Accident, Suicide, Homicide

Reported by H. N. Willis

Address 8 Promoke

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



No name Child of Lennel Dukes

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

May

22

Age

—

Md

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Lennel Dukes

Mother's

Maiden Name

Lena Murray

Cause of

Primary

Still Born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr Rollin P Collins

P Beynon Sr

Address

Bishopville Md

Bishopville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Pyrethrum



Name In Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lyndea Will
Town

County

Worcester

MARYLAND

Died at

Near Bishop

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May

3

Age

90

Maryland Suburban

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Nancea Will

Father's

Name

Don't know

Mother's

Maiden Name

Cause of

Primary

old Age

154

How long sick

Don't know

Death

Immediate

Don't know

~~Accident, Suicide, Homicide~~

Reported by

Purter sweetson

Timothy Mayne

Address

Selbyville Del

Bertsperville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind

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Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May

17

Age

38

Maryland Housework

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Consumption

How long sick

6 months

Death

Immediate

No

Accident, Suicide, Homicide

Reported by

Pamter Watson

Gaimothy Bayne

Address

Sellersville Del

Bishopville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Jeanne Johnsons child

Town

County

Died at

near Spout Hill Worcester

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

May 23

Age

Still Buried

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. J. Evans & son

Address

Bethesda Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Les formes
m'attendent

Died at Stockton ^{Town} County Winchester ^{Winchester} MARYLAND

Date 19 02 ^{Month} May ^{Day} 27 Age 0 ^{Y.} 0 ^{M.} 0 ^{D.} med ^{Native of} med ^{Occupation}

Male White Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living

Husband
of

Wife

Father's Name William Jones Mother's Name Ezzie Barry
 Maiden Name

Cause of Death { Primary Still Born ^{How long sick}
 Immediate Still Born ^{Accident, Suicide, Homicide}

Reported by Mr. W. Dickerson M.D.
 Address Stockton Winchester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full <i>Nancy Lewis</i>		Town <i>Bishopville</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Bishopville</i>		Month <i>May</i>		Day <i>18</i>		Age <i>70</i>	
Date 19 <i>02</i>		Y. <i>02</i>		M. <i>May</i>		D. <i>18</i>	
Native of <i>md</i>		Occupation <i>House work</i>		Married <i>Single</i>		Widow <i>Widower</i>	
Male <i>Female</i>		White <i>Colored</i>		Number of children living <i>None</i>		Divorced <i>None</i>	
Husband of <i>Nathaniel Lewis</i>		Wife		Father's Name		Mother's Maiden Name	
Cause of Death		Primary <i>Dropsy</i>		Immediate <i>No</i>		How long sick <i>2 months</i>	
						Accident, Suicide, Homicide	
Reported by <i>Scatter Watson</i>		By <i>Bayne Sr</i>		Address <i>Selbyville Del</i>		<i>Bishopville</i>	
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							



Hattie Massey

Died at Symmesburg - Warashie MARYLAND
 Town County
 Date 19 03 5 - 16 Age 19 - - Warashie -
 Month Day Y. M. D. Native of Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

 Father's
 Name

 Mother's
 Maiden Name

Cause of Primary

Death Immediate

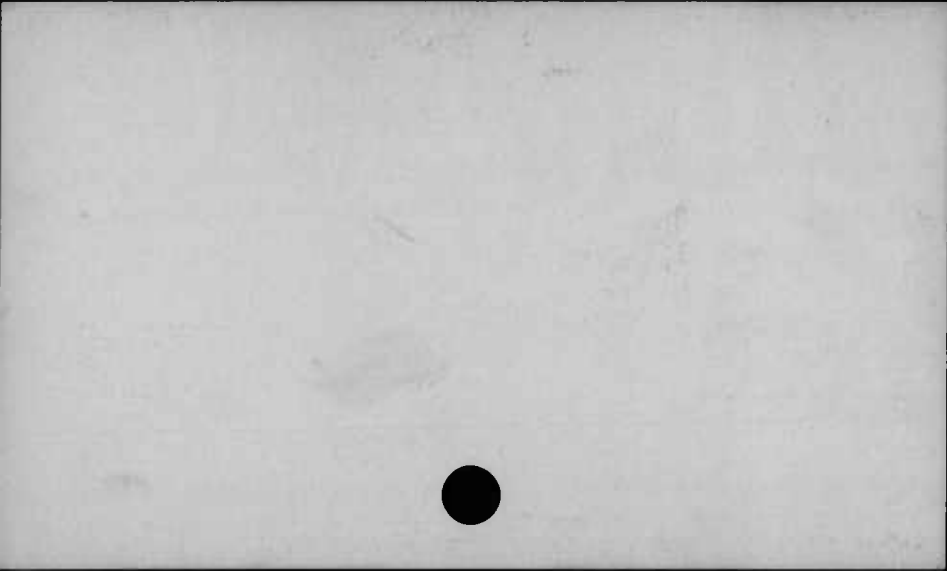
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Benjamin F Melvin
 Town County

Died at *Promoke City Worcester* MARYLAND

Date 19 *02* Month *May* Day *12* Age *9 20* Native of *Promoke* Occupation *infant*

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of _____
 Wife

Father's Name *Benj I Melvin* Mother's Maiden Name *Rebecca Kelly*

Cause of Death { Primary *Malarial Fever + Catarrh* How long sick *Two weeks*
 Immediate *Croup Strangulation* Accident, Suicide, Homicide

Reported by *S. S. [unclear]*

Address *Promoke City Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary. Nelson

Town

County

Died at

Snow Hill

Worcester

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

May 24

Age 90

Worcester

House wife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 3

Husband of

Francis Nelson

Wife

Father's

Mother's

Name

Essel Handy

Maiden Name

Lillie Handy

Cause of

Primary

old age

How long sick

3. years

Death

Immediate

+ Rheumatism

Accident, Suicide, Homicide

Reported by

William S. Williams

Address

Snow Hill

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Margaret Parnard

Died at ^{Town} *hwy Shonells* ^{County} *immaculate* MARYLANDDate 19 *02 May* Month *7* Day *36* Y. M. D. Native of *md* Occupation~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Singl~~~~Widower~~

Number of children living

*2*Husband of *William Parnard*Wife *Isaac Holland* Father's Name *Ellen Holland* Mother's Maiden Name

Cause of Primary

How long sick

4 months

Death Immediate

Accident, Suicide, Homicide

Reported by *L. J. Evans*Address *Bethesda md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

no less in attendance

Whittington Polk

Town

County

Died at

Pocomoke City

Worcester

State of MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May Fifth

Age 76 . 3 . 1.

Maryland

Farmer

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

three

Husband

of Elizabeth Grace Polk

Wife

Father's

Mother's

Name

Whittington Polk

Maiden Name

Rebecca Adams

Cause of

Primary

Cyanitis

How long sick

2 months

Death

Immediate

Accident, Suicide, Homicide

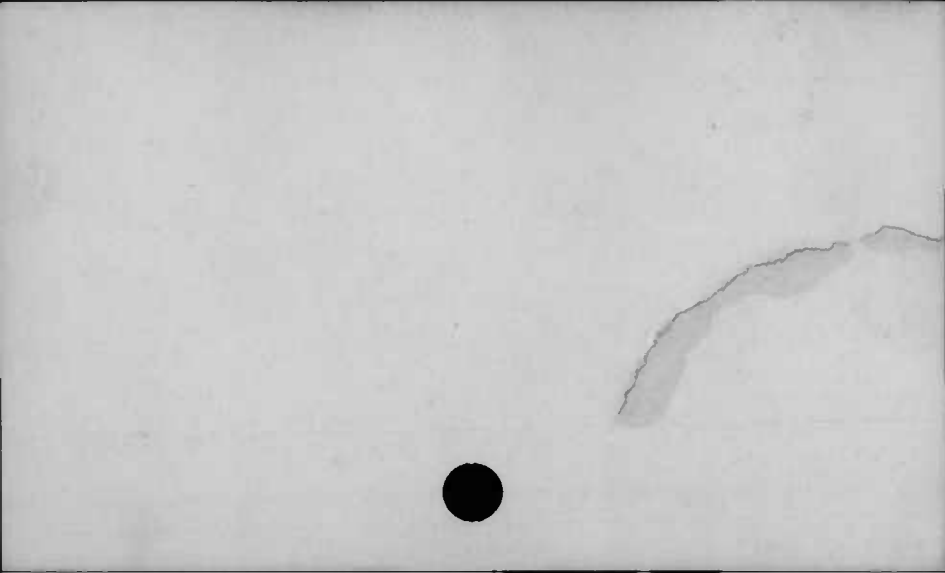
Reported by

C. A. Bargen

Address

Pocomoke

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elena Powell

Town

County

Died at

Leominster

Harcourt

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 9

Age

1 5

Harcourt

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

E. Edgar Powell

Mother's

Maiden Name

Katie

Cause of

Primary

Indigestion

How long sick

5 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. J. O. Smith

Address

Beaumont

ES - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Shro R. Corbui
Sub-Registrar

Name In Full

Certificate of Death

W. W. W. W. W.

Town

County

Died at

New Berlin

MARYLAND

Date 19

02

Month

Day

5 14

Age

Y.

M.

D.

0

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Geo Powell

Mother's

Maiden Name

Smith

Cause of

Primary

How long sick

Death

Immediate

Brad P. P. P.

Accident, Suicide, Homicide

Reported by

E. J. Holland
Berlin

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Unnamed Boy

Died at ^{Town} *Pocomoke City* ^{County} *St. Mary's* *MARYLAND*

Date 19 *02-15-1917* ^{Month} *02* ^{Day} *15* ^{Year} *1917* ^{Age} *1 year 10 months* ^{Native of} *Maryland* ^{Occupation}

Male

White

Married

Widow

Divorced

Number of children living

Husband of

Wife

Father's Name

H L Powell

Mother's

Maiden Name

Laura Reed

Cause of

Primary

Premature Birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. A. Burgess *151*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Phabus. Powell

Died at ^{Town} near Berlin. ^{County} Worcester

MARYLAND

Date 1902 ^{Month} 5 ^{Day} 14 ^{Y.} ^{M.} ^{D.} Age 40 ^{Native of} Md ^{Occupation} Motorman~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

24 hours

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Harry Russell
 Died at *Berlin* ^{Town} *Worcester* ^{County} **MARYLAND**

Date 19*02* ^{Month} *6* ^{Day} *20* | ^{Y.} *75* ^{M.} *—* ^{D.} *—* | ^{Native of} *Worcester* | ^{Occupation} *—*
 Male ~~Female~~ | ~~White~~ ^{Colored} | ~~Married~~ ^{Single} | ~~Widow~~ ^{Widower} | ~~Divorced~~ | Number of children living *2*

Husband of *—*
 Wife *—*

Father's Name *—* | Mother's Name *—* | *154*
 Maiden Name *—*

Cause of Death { Primary *General Debility* | How long sick *—*
 { Immediate *—* | Accident, Suicide, Homicide

Reported by *Mag Brittingham*

Address *Berlin* *Sud*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm F. Reader

Died at *Pawnee City* *Nebraska* *Maryland*

Date 19 *02* *May* *5* | Age *3 weeks* | Occupation *Infant*
 Male | White | ~~Married~~ | Widow | Divorced
~~Female~~ | ~~Colored~~ | Single | Widower | Number of children living

Husband of _____

Wife

Father's Name *Wm F. Reader* | Mother's Maiden Name *Hattie Portington*

Cause of Death { Primary *Immature* | Immediate *Exhaustion* | How long sick *all its life* | Accident, Suicide, Homicide

Reported by *J. S. Dyer*
 Address *Pawnee City* *Nebraska*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Emma Robbins

Town

County

Died at

Berlin Harroster

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 14

Age

25

Maryland

Housekeeper

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Brie Robbins

Mother's

Maiden Name

Roda Robbins

Cause of

Primary

General debility

How long sick

Two years

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. J. Evanson

Address

Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Died at Stockton Worcester County MARYLAND
 Date 19 02 Month 07 Day 22 Y. M. D. Native of md Occupation Dr. print
 Male Married Age 10 Divorced Widow
 Female Colored Single Widower Number of children living

Husband of _____
 Wife

Father's Name Lewis Selby Mother's Maiden Name Leah J. Holland

Cause of Death { Primary Tubercular Inflammation of Nucleus How long sick 3 or 4 days
 Immediate Tubercular Accident, Suicide, Homicide

Reported by Dr. Dickerson MD
 Address Stockton Worcester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Albert T. Sharples

Died at Stoughton Worcester

MARYLAND

Date 19 12 May 16 - Age 36-9-24 Ma Sailor

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Name of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

15-20 weeks~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Martha B. Townsend

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

04

5-5

Age

9

Maryland

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

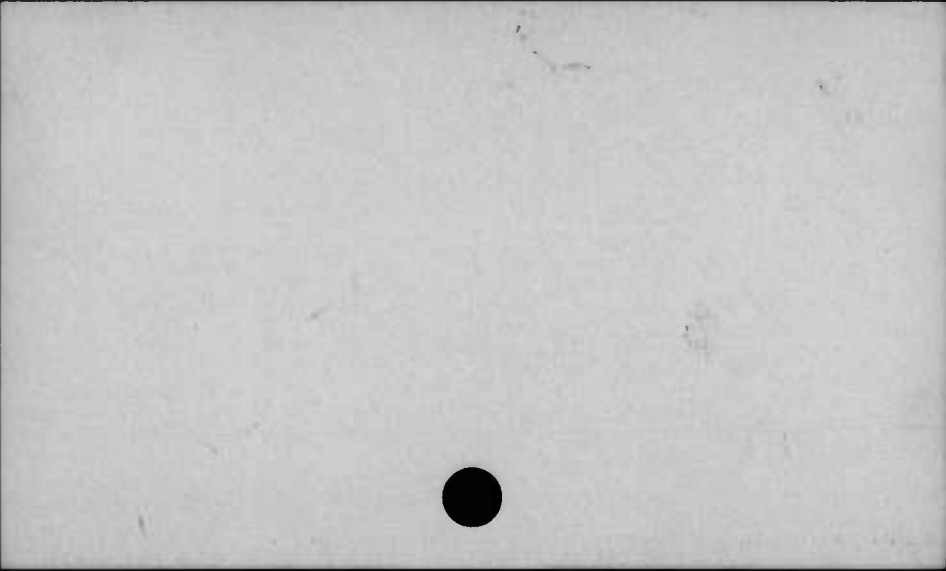
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Sallie E Webb

Town *Pocomoke city* County *Morristown* MARYLAND

Died at *Pocomoke city* *Morristown*

Date 19 *02* *May 27* Month Day Y. M. D. Age *58* Native of *Morristown* Occupation *Housewife*

~~Male~~ ☒ White ☐ Married ☒ Widowed ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *3*

Husband of *Samuel J Webb*

Wife *Samuel J Webb*

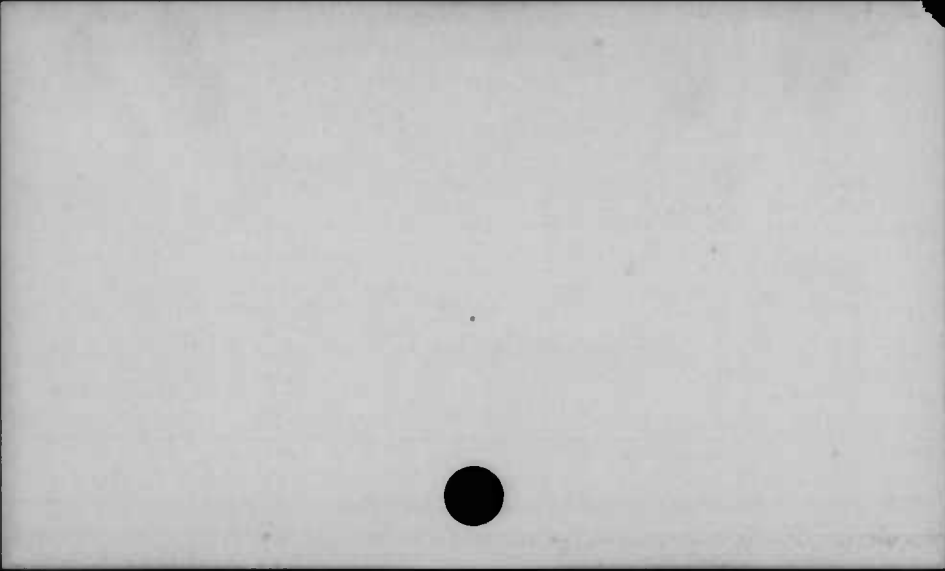
Father's Name *Levin Beauchamp* Mother's Maiden Name *Margaret Beauchamp*

Cause of Death { Primary *Internal Tumors with complications* How long sick *2 years*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *Samuel J Webb*

Address *Pocomoke city Md* *179*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Male & Female unnamed

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Pawnee infants

Male

~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Still Born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Same S Lunn

Address

Pawnee city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

